

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214531593</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Starr Surplus Lines Insurance Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>IL</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2014</b></p> <p>SCC ID NO: <b>F1800871</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>150,000,000</td> </tr> <tr> <td>PREFNV</td> <td>500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	150,000,000	PREFNV	500,000
CLASS	AUTHORIZED							
COMMON	150,000,000							
PREFNV	500,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: FLOOR 31 500 WEST MONROE STREET</p> <p style="text-align: center;">CITY/ST/ZIP: CHICAGO, IL 60661</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHARLES DANGELO  TITLE: PRESIDENT/CEO  ADDRESS: 399 PARK AVENUE  8TH FLOOR  CITY/ST/ZIP/CO: NEW YORK, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES DANGELO TITLE: PRESIDENT/CEO ADDRESS: 399 PARK AVENUE 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CARMELLA CAPITANO  TITLE: ASSISTANT VP  ADDRESS: 350 W. 55TH STREET  APT 90  CITY/ST/ZIP/CO: NEW YORK, NY 10019 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CARMELLA CAPITANO TITLE: ASSISTANT VP ADDRESS: 350 W. 55TH STREET APT 90 CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME:	ALEX JOHN PITTIGNANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		
NAME:	RICHARD THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		
NAME:	MICHAEL T. TORAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CIO		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	9TH FLOOR NEW YORK, NY 10022		
NAME:	WILLIAM TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	FLOOR, 8		
CITY/ST/ZIP/CO:	399 PARK AVENUE NEW YORK, NY 10022		
NAME:	RICHARD ALEXANDER BESSINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		
NAME:	YONG CHEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST.CONTROLLER		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		
NAME:	JEFFREY CONSTABLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	R. OFFICER		
ADDRESS:	FLOOR 31		
CITY/ST/ZIP/CO:	500 WEST MONROE STREET CHICAGO, IL 60661		
NAME:	NEHEMIAH GINSBURG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/SECRETARY		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		
NAME:	JULIE MURRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		
NAME:	JAMES VENDETTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CUO		
ADDRESS:	399 PARK AVENUE		
CITY/ST/ZIP/CO:	8TH FLOOR NEW YORK, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. CASTELLI DIRECTOR FLOOR, 8 399 PARK AVENUE NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DUFFY DIRECTOR 399 PARK AVENUE NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAULA ALEXANDRA FRANCIS DIRECTOR FLOOR 31 500 WEST MONROE STREET CHICAGO, IL 60661	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH CHARLES HENRY JOHNSON DIRECTOR FLOOR, 5, 19 PAR-LA-VILLE ROAD , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL GREGORY KOZIOL DIRECTOR 619 N. FLORENCE DRIVE PARK RIDGE, IL 60608	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERTIL P. LUNDQVIST DIRECTOR 399 PARK AVENUE 17TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY JOSEPH MOORE DIRECTOR 1111 S. WAUKEGAN ROAD, UNIT 6 LAKE FOREST, IL 60045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM O CONNOR DIRECTOR FLOOR, 8 399 PARK AVENUE NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JULIE MURRAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE MURRAY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/19/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			